

Fiscal Year 2022 State and Local Cybersecurity Grant Program
Local Consent Agreement

I, _____ (printed name), the duly-appointed authorized agent on behalf of _____ (the "Local Governmental Entity"), located at _____ (address) hereby **expressly consent** to the State of Michigan's State Administrative Agency (SAA), the Michigan State Police / Emergency Management & Homeland Security Division, undertaking the following acts in accordance with the State and Local Cybersecurity Grant Program (SLCGP) for Fiscal Year (FY) 2022, Funding Opportunity Number DHS-22-137-000-01, as authorized by Section 2220A of the Homeland Security Act of 2002, as amended (Pub. L. No. 107-296) (6 U.S.C. § 665g):

1. Retain \$4,775,415.00 in SLCGP funds for FY 2022 at the State level; and
2. Utilize \$4,775,415.00 in SLCGP funds for FY 2022 as follows:
 - a. 2.1% | \$100,000 for Enhancing State of Michigan Cybersecurity Plan;
 - b. 5% | \$238,770.00 for management and administration costs for the SAA.

Select the options you are interested in receiving / *At least one option MUST be selected*

- ☐ c. 55.58% | \$2,640,000 for Endpoint Detection and Response Software licenses, to be provided to local and rural entities in Michigan at no cost to the local and rural entities;
- ☐ d. 28.82% | \$1,376,645 for Cybersecurity Assessments, for local and rural entities in Michigan at no cost to the local and rural entities;
- ☐ e. 8.80% | \$420,000 for Incident Response Planning and Training Activities, for local and rural entities in Michigan at no cost to the local and rural entities

This consent is given because it is in the best interest of the Local Governmental Entity and is provided without duress or fear of reprisal. This consent is only effective for the Fiscal Year (FY) 2022 SLCGP Funds.

Based off the needs of this program these funding amounts may change.



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Official Certification

The individual or officer signing this grant agreement certifies by their signature that they are authorized to sign this grant agreement on behalf of the organization they represent.

Signed, on _____ day, _____ month, and _____ year, in
_____ SLTT entity in the State of Michigan.

(Signature)

(Printed Name)

(Title)

Contact DTMB-CIP-SLCGP@michigan.gov for questions or assistance completing this form.

Submit the completed form here:

<https://app.smartsheet.com/b/form/2803dca94b7b444a8f1813ba709bc38b>